

**PART A REQUEST FOR REVIEW OF OUTSOURCED DATA**

Use **Continuation Sheet** to list additional items of evidence

Requesting Officer: County of Offense: NCSCCL Lab #  
 Requesting Agency: ORI #: Vendor Lab/Lab #:  
 Agency Address, City and Zip: Agency File #:  
 Investigating Officer Name and Best Contact Number: Date of Offense:

VICTIM(S)	Race/Sex	DOB	SUSPECT(S)	Race/Sex	DOB	ID #

Has any evidence in this case been submitted to the NCSCCL laboratory previously? \_\_\_\_\_ If yes, to which section(s)? \_\_\_\_\_

NCSCCL Item #	Vendor Item #	Agency Item #	Description of Evidence	Exact Location Found (Use names for body fluid/DNA Evidence)

**OUTSOURCED DATA CDS WILL BE RETURNED TO THE REQUESTING OFFICER**

**PART B:** Description of the incident (Brief Summary of the events of the crime). Be sure to provide details as to why/how you believe this evidence is linked to the perpetrator of the crime. **OR ATTACH A COPY OF THE INVESTIGATIVE REPORT**

**PART C:**

Have DNA profiles from all possible bleeders or body fluid donors been included? Yes No  
 Have DNA profiles from all the elimination standards been included? Yes No  
 Was the evidence seized from the suspect's person? Yes No